

Faulkner (R. B.)

THE  
RATIONAL TREATMENT  
OF  
SPASMODIC ASTHMA,

BY  
Richard B. Faulkner, M. D.

(OF THE COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA COLLEGE, N. Y.)



REPRINTED FROM THE NEW YORK MEDICAL RECORD,  
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## THE TREATMENT OF ASTHMA.

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By practising in strict accord with accepted pathological data, pure spasmodic asthma can be radically cured. In the treatment of this commonly intractable disorder I have met with such success that I now assume charge of asthmatics with a feeling of pleasure confident of the relief so sure to come.

In the MEDICAL RECORD, over two years ago, I pointed out the striking fact, *that counter irritation applied over the pneumogastric nerves*, from the upper part of the thyroid cartilage to near the upper borders of the clavicles, stopped paroxysms of asthma. I detailed the case of a lady, aged fifty years, afflicted with that disease nearly all her life, and whom I had attended at times for over three years, and to whom I was last called on April 1, 1880. On that day commenced the most violent attack of asthma she ever had. Until May 10th she had never left her room—scarcely the chair in which she sat. Morphine alone quieted her continued dyspnoea, and to diminish the quantity was only to increase the dyspnoea. At last, but semi-conscious, extremely weak, with face and limbs greatly swollen, and the head fallen forward on her chest, I feared dissolution.

Her case was one of pure nervous or spasmodic asthma, a disease in which I recognize two pathological elements: 1—*nervous spasm* of the bronchial tubes, 2—*hyperamia*, approaching or amounting to inflammation. Difficult breathing involves all the physical signs. The *rales* have a *double character*—*id est*, they occur *both in inspiration and in expiration*. This I recognize with Professor Alonzo Clark as a *sure sign* of spasmodic asthma.

In this affection I have relied on morphine most of all, then nauseants and anti-spasmodics *ad infinitum*. But nothing longer benefited my patient. I was perplexed, when at last the idea arose in my mind, and with Churchill's tincture of iodine I applied counter-irritation over the course of the pneumogastric nerves. Relief followed so rapidly and absolutely as to make me doubt that it was due to my application. Benefited in less than twenty-four hours, freedom from asthma was absolute in less than forty-eight. I determined to paint again as soon as the paroxysm returned. It never returned.

In June I applied the same treatment to two more cases, with the same happy result. Up to that time all I had observed was relief of the paroxysm, and only of the first, because no patient had any return after the one application of iodine. Those three cases were placed upon iodide of potash internally for a short time. Not one of them, to my knowledge, has ever had a return of the paroxysms.

Apropos of my report in THE RECORD, my friend, Dr. J. M. Lee, of Pittsburgh, mentioned to me a case in his service at the Mercy Hospital, of uncomplicated spasmodic asthma so severe that he had become alarmed for his patient's safety, when Dr. T. C. Christy called his attention to my article

in *THE RECORD*, which he had that evening received, and suggested "that Faulkner's plan be tried." Dr. Christy's suggestion was acted upon, and Dr. Lee reports the effect to have been "brilliant," relief came rapidly and completely. The man unceremoniously left the hospital next day, remarking that "he was well and there was no use in remaining longer."

Again, in February, 1881, my friend Dr. James B. Murdock was pleased to draw my attention to an article in *The British Medical Journal*, by Dr. Robert Saundby, in which, having adopted my plan and terming it "the iodine treatment of asthma," wrote as follows: "H. H. had suffered for the last six or seven years from attacks of dyspnoea, coming on at 3 o'clock, A. M., which formerly occurred only in June or July, but latterly throughout the year. I painted the lines of both pneumogastrics with a mixture of equal parts of the liniment and tincture of iodine and ordered him to repeat it every night. The next time I saw him he told me that he 'had not had such a good night's sleep for twelve months.' He slept all night, and was so surprised upon waking in the morning that he got out of bed to look at his watch before he would believe it. He discontinued the iodine after a few applications, as the skin became sore, but he has had no return of the attacks."

Since my first successes in the treatment of this malady, I have studied with interest and quite peculiar favor the disease in its several bearings upon thirty-seven cases:—1st—regarding constitutional differences in asthmatics; 2d—regarding treatment of occasional complications; 3d—regarding climate and change in residence. Close observation has led me to think that one great source of failure in treatment is to be found in insufficient consideration of constitutional variations. The treatment of a name, in lieu of pathological condition, has never been more impotent than in asthma. Little meditation is required to show that tall, thin, anæmic patients need different management from short, fat, full-blooded. Obesity must be reduced by hygienic means, by diet, laxatives, exercise. Slender and emaciated patients must be strengthened by wholesome food, by tonics, such as iron, strychnine, digitalis, cod-liver oil, phosphorus, exercise.

In common torpidity of the bowels, regularity in function is often insured by a pill at bedtime, containing six centigrammes each of blue mass, rhubarb, purified aloes, and extract of hyoscyamus. In many asthmatics there is depreciation of the nervous system. And then my reliance is upon cod-liver oil. Useful, too, are iron, arsenic, phosphorus. Strychnia seems especially beneficial in giving fillip to the muscular fibre of the bronchial tubes, aiding expectoration. Fits of sneezing and eruptions upon the skin give assurance for the administration of arsenic. Bronchial congestion requires iodide of potash. The skin of most asthmatics is so impressionable to atmospheric changes as to require particular attention. To strengthen the skin, I consider a cardinal point in the treatment of asthma. And for this purpose I administer salt-water baths, by seating the patient upon a cane-bottomed chair, and throwing over him a blanket, fastened around his neck and covering the chair, underneath which is placed an ordinary or Bunstead evaporating pan with spirit-lamp, the pan containing about three ounces of water and a heaping teaspoonful of salt. As soon as the sweat was freely broken, the patient is rapidly shampooed, rinsing with pure, cold water, carefully dried, and then rubbed until the skin glows. I sometimes find it weeks before I can make it glow. But I persevere. The bath I order repeated twice a day, daily, or every alternate day. Its advantages can scarcely be told.

Another cardinal point in treatment is inflation of the lungs. 1—to increase or restore the natural breathing capacity; 2—to cleanse the bronchial tubes and air-cells of secretion. This I do not attempt in the home treatment of patients with the extravagant apparatus of Waldenburg, but with a simple and inexpensive Poeltzner's inflator. It answers admirably for



patient's use. Asthmatics are short of breath because of spasm, and partly because of diminished breath space. Now air forced into the lungs expands the rubes, dilates the vesicles, and is followed by free expectoration and comfort. The patient is directed to take as long an inspiration as possible, then the nozzle of an inflated Poelitzer bag is inserted between the closed lips, the nostrils held, and the bag compressed. Thus do I force into the lungs at every inspiration from one to three bagfuls of air, and continue this process for ten minutes, and repeat it morning and evening. • Professor J. C. Dalton says that "the average amount of air inhaled at each inspiration is twenty cubic inches, and that representing from ten to thirteen per cent. of the entire quantity of air in the lungs, it will therefore require from eight to ten respirations to change the whole quantity of air in the cavity of the chest." An ordinary-sized Poelitzer's bag will hold about ten to eleven cubic inches of air. Remembering these facts, we know the quantity of air which can with safety be forced into the lungs, and also have a gauge whereby to tell the amount of improvement made in the dilatation of the air-vesicles and small tubes, or in other words, of the increase in "vital capacity of the lungs."

To a change in the residence of asthmatics I object, because the benefit so derived is generally only temporary, the malady soon returning in the new residence. And it is reasonable to suppose, not even considering the expense of travel, that patients can be managed better at home, by men, to whom, as Jacobi has so philosophically remarked, "the science of medicine is no longer mere formula, and its art no routine," than by charlatans, so numerous "at all resorts."

It has been insisted upon by great authorities, that an urban residence is best for asthmatics, and more especially that portion of a city in which the atmosphere is heaviest and smokiest. That I cannot believe. Smoke and heaviness are synonyms for fog and dampness. I dissent from that dictum, because here in Pittsburgh, where the atmosphere is the smokiest, heaviest, and as such, of largest area on this continent, we have, I dare say, *more native* asthma, and from it a death-rate, great, if not greater than that of fairer cities, in which there is a pure atmosphere, dry, warm, and of nearly equable temperature. The soundness of my opinion, in contradiction though it be to the universally expressed professional belief, is shown in its being a logical conclusion, drawn from the clinical fact that asthmatics always breathe easier in fair weather, while they are ~~consequently~~ *conversely* short of breath in damp and rainy weather. Through soot and smoke and heaviness it seems as though Pittsburgh were born to an inheritance to asthma. No one ever visited Pittsburgh without complaining, almost within an hour of their arrival, of the "dirt" in their throats and the blackness of their nostrils. There is a faucitis peculiar to Pittsburghers. The sulphur-charged atmosphere is irritating to the delicate mucous membrane of the eye, nose, throat, and bronchi, and produces a chronic congestion, the secretion of which catches and holds to view the carbonaceous material of the atmosphere. The inspection of the oral cavity of every resident reveals its secretion charged with black, carbonaceous material. This carbon, drawn in with every inspiration, effects alike the mouth, throat and chest, as I have seen upon post-mortem examination. The inhalation of the smoke of Pittsburgh is not conducive to health.

True, there are some asthmatics benefited by Pittsburg residence, but only, I believe, in accordance with the fact that travel and *change* will bring relief—the centres of relief being, however, elsewhere as well as here.

On the whole, I judge the opinion of preference for city over country residence to be mainly traditionary, and due to failure in differentiation of the forms or asthma.

RICHARD B. FAULKNER, M. D.

38 NORTH DIAMOND, Allegheny, Pa., April 24th, 1883.













